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at Workshop		VAD I	KX 8381	Insured:	SMA 74624
of		kaki Bukit	Motor Ave 640	Tel	6844 1555
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Sum Insured			Excess	583	904
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CA / REV	/ REP. / REV 24 I	mes (WP)		***	0 10 100 1
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Tretaile M.S.I	q.
	SOUGNMENT
Firm Date 13/2/14 Estimulad Goal:	Type (Car) M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WE / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To impect Vernicle No SKX 838T	Make TOSICTA GERLLA FIELDIFE. CE 14106
« Workshop ms YAP LEE MOTOR	Colour #. HIT # AC Insured / Std / NI / N.
MAKI BUKIT AVE 6 # 01-26	Sp Reming 32572 TRade Insured / Std / NI / N
issured.	EngNo INR ROCASEC
Policy No.	CNO KIRETHISCOTTECT
Clams No	Gen Cond Good / Fair / Poor / Burnt
Sum Insured Excess	Stearing Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Bruile Morder / Jammed / Leaked / Burnt or
Make of Veb	Mod Nil/I S/Rim / STD A/Rim or
	Tyre Size F: (775/80 /65
(Policy Condition)	
Remark: The veh had commenced its NIS	OS AS DUN EXPONA CON CONTRACTOR
repair at the time of inspection.	TOYO / YORO or
Ball or Market Value	Error
DAC Accident Room Consistent? Yes or No	D. St
GIA PR Seen: Consistent? Yes or No	C HILL LYON IN
Est Repairs. SN days Res. Yes or No.	C 1981 USA (1982
um Sum: 16 3 Val.: Yes or No	11/1/
CA / REV / REP. / 24 HRS	Survey held in Unit LEE LIGTOR
Verbicke 192 I	Des. of Damages: Frt. / Rear / O/S / M/S*/ U/C / Rooftop or
Person Contacted	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision
Namps 3,000/2 - 4;	25/2/2019.
Prefi. Report	Days Of Repair. 4
: Final Report	Resurvey No. of Trip: 3 Survey Fee 120
	- Armyonaco
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mp Sum / LB.tr (S	19 10 15
W 440 1 CO 1 12	Web-sing is
	130

Nivitha (LKK Auto)

From:

Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Sent:

Thursday, 21 March 2019 4:05 PM

To:

Irene Tan; Veron Chen (LKKAuto); Shiau Chan (LKKAuto); Admin-D (LKKAuto);

assignments

Cc:

Olivia Lau (LKKAuto)

Subject:

RE: Mr Lim Teow Guan's survey on SKX838T; Our claim no.: 583907/IT

Dear Irene,

Thank you for your email.

Dear Assignment team,

CS3/MSG19002091/Bcd3e2

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Irene Tan <irene_tan@sg.msig-asia.com>

Sent: Thursday, 21 March 2019 4:03 PM

To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Shiau Chan (LKKAuto) <siewsc@lkkauto.com>; Denise Tay

(LKKAuto) <denisetay@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>

Cc: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>

Subject: Mr Lim Teow Guan's survey on SKX838T; Our claim no.: 583907/IT

Importance: High

Good afternoon Veron,

We refer to the PRI assignment given on 31.1.19.

Please prepare and upload your surveyor's paper survey report asap.

Irene Tan

Senior Executive, Motor Claims Services
D: +65 6594 2541 |F: +65 6225 7402 | Irene_tan@sg.msig-asia.com



MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg

A Member of MS&AD INSURANCE GROUP

PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers
Correspondence Address: 1 Simei St.3 #02-24 S(529890)
Mobile: 9295 2204 Fax: 6722 8508 Email: pasves@hotmail.com

Business Reg. 201404434D

INVOICE

M/s. Lecca Car Leasing C/o. 1 Kaki Bukit Ave 6 #01-26 Autobay Singapore 417883 Invoice No.

: HA/1903-01

Date

: 05/03/2019

	Descriptions		Amount (SGD)
Services rendere	ed for appraiser / inspection report :-		
Survey Fee			
Photographs			
Transport Fees			
Re-inspection Fee	es		
		Total:	SGD: \$ 466.00
SGD Dollar :	Four Hundred Sixty Six Dollars Only.		
Our Reference	: PAS/TP/0060219		
Vehicle No.	: SKX838T		
Make & Model	: Toyota Corolla Axio		
Your Claim No.	: Third Party Claim		

Notes:

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD".

Please indicate our "INVOICE NO." on the reverse side of the cheque.

Should you have any enquiries, please do not hesitate to contact us.



NENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg. 201404434D

VEHICLE INSPECTION REPORT

Report No.: PAS/TP/0060219

Date of Report

: 05/03/2019

To: M/s. Lecca Car Leasing

C/o. 1 Kaki Bukit Ave 6

#01-26 Autobay

Singapore 417883

Date of Assignment

: 13/02/2019

Report requested by

: M/s. Lecca Car Leasing : 29/01/2019

Date of Accident Date of Inspection

: 13/02/2019

Claim No.

: Third Party Claim

Policy No.

PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No.

Make & Model

Colour

Date of Registration

: SKX838T

: Toyota Corolla Axio

: 15/01/2016

· White

Engine Capacity (cc) : 1496cc

Chassis / Frame No.

Mileage (km)

: 82574km

Engine No.

: NRE1618001461 : 2NR8503566

Front LH

: 7 mm

Front RH

: 7 mm

Make

: Bridgestone

Make

TYRE CONDITION

: Bridgestone

Rear LH

: 7 mm

Rear RH

: 7 mm

Make

: Bridgestone

Make

: Bridgestone

Road wheels Type: Alloy

(The above represents the approximate remaining life of tyre treads)

PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork

: Good

Paintwork

: Good

Handbrake

: Serviceable

Footbrake

: Serviceable

Steering

: Serviceable

Apparent Engine Modification

: Nil

PLACE OF REPAIRER OFFICE/WORKSHOP

Location

M/s. Yap Lee Motor

Kaki Bukit Ave 6, Blk B, #01-26, Autobay @ Kaki Bukit, Singapore 417883

Repairer's Estimate

: \$ 7,632.68

Revised Amount

: \$ 6.554.85

Less Excess

. : \$

Recommended Reserve

\$

5,240.00 (Lump Sum)

Estimated Normal Period of Repairs

: 7 Working Days

Disclaimer: This report is intended for the exclusive use of the addresses solely in relation to the loss occurrence in which the assessed vehicle involved. No liability responsibility shatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third pury.



PROMINENT APPRAISER SERVICES PTE LTD
Qualified Loss Adjusters And Motor Appraisers
Correspondence Address: 1 Simei St.3 #02-24 S(529890)
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No.: SKX838T

Report No.: PAS/TP/0060219

1	1 pc	Headlamp LH	Cracked			\$	1,342.00		\$	1,342.00
	1 pc	Frt fender LH	Dented/Distorted			\$	670.30		\$	670.30
		Frt fender cowling LH	Tom			S	159.80		S	159.80
		Frt fender cowling clip LH	Necessary	S	2.80	S	16.80		s	16.80
	1 pc	Frt apron panel LH	Dented/Repair		2.00	S	397.40		5	10.00
	1 pc	Frt bumper	Dented/Deformed			S	575.40		\$	575.40
		Frt bumper clip	Necessary	2	3.80	S	22.80		\$	22.80
	0.00	Frt bumper retainer R/L	Cracked/Necessary	S	54.50	\$	109.00		S	109.00
	1 pc	Frt wheel cover LH	Broken/Dislodged/M	1	34.50	S	226.40		5	226.40
	1 pc	Frt wheel hub LH	Warped/Distorted	11001011		S	235.40		S	235:40
	1 pc	Frt wheel bearing LH	Necessary			\$	331.70		\$	331.70
2	1 pc	Frt knuckle arm LH	Bent			s	567.90		S	567.90
	1 pc	Frt lower arm LH	Bent			S	662.30		5	662.30
1	1 pc	Frt shock absorber LH	Bent/Jammed			S	472.20		S	472.20
5	1 pc	Frt stabilizer bar	Refit			S	319.70		\$	-
6	1 pc	Frt stabilizer link LH	Bent			S	67.80		\$	67.80
7	1 pc	Frt apron panel LH	Dented/Repair			-	(Re	fer labo	our	no. 4 & 5)
8	1 pc	Frt support panel	Dented/Repair							no. 4 & 5)
						S	6,176.90	3.	S	5,459.80
				Less D	iscount: 25%	\$	1,544.23	25%	\$	1,364.95
			List	Parts Su	b-Total:	S	4,632.68		S	4,094.85
	1 pc	Frt rim LH	Dented		S/N	S	200.00		s	200:00
	1 pc	Frt tyre LH	Cut		S/N	S	250.00		\$	250.00
	1 bot	Brake fluid	Necessary		S/N	S	20.00		S	20.00
			Special	Nett St	ib-Total:	\$	470.00	8	S	470.00



PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simel St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg. 201404434D

Vehicle No.: SKX838T Report No.: PAS/TP/0060219

\$(N(6)	Labour Descriptions	PAYOR STREET,	nifrer/s imite (8\$)	Assessin	sent (SS)
1	To check electrical system and focus headlamp.	\$	80.00	\$	50.00
2	To remove, check and replace LHF undercarriage parts. (Include flush and bleed brakes system)	s	200.00	\$	180.00
3	To conduct wheel alignment.	s	120.00	s	120:00
4	To straighten, repair, realign on affected area and replace damaged parts.	\$	1,000.00	\$	800.00
5	To spray painting, blending on affected and adjacent area.	\$	1,000.00	\$	750.00
6	To spray anti-rust coating on new and affected panels.	\$	50.00	\$	30.00
7	Towing.	S	80.00	s	60:00 NN)
	Labour Total:	S	2,530.00	S	1,990.00
	Total (Parts & Labour) :	s	7,632.68	S	6,554.85

For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 5,240.00

Under normal circumstances, the repairs should be completed within a reasonable period

of 7 Working Days. (Exclude waiting days of PRI, Sunday, Pubic Holiday and awaiting of shipment for spare parts)

56 Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

10 Lin 25/3/19

[days



PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers
Correspondence Address: 1 Simei St.3 #02-24 S(529890)
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No: SKX838T

Report No.: PAS/TP/0060219

GENERAL REMARKS

WITHOUT PREJUDICE

THE ASSIGNMENT

The survey was conducted at M/s. Yap Lee Motor, I, Kaki Bukit Ave 6, Blk B, #01-26, Autobay @ Kaki Bukit, Singapore 417883.

(Subsequent inspections have been conducted)

POINT OF IMPACT

At the LHF portion. (The LHF roadwheel was also affected)

DAMAGES

The front bumper, front support panel, LHF fender, LHF apron panel, LHF rim, LHF knuckle arm, LHF shock absorber, LHF lower arm, LH headlamp, etc.

Other parts were also found damaged. (See schedule for details)

ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$6,554.85.

CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$5,240.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,

Prominent Appraiser Services Pte Ltd

Andrew How

Automobile Appraiser

MSAAA

Licensed Appraiser

COMPUTERISED 4 WHEEL ALIGNMENT HUNTER DSP700

mpany:

YAP LEE MOTOR

N:

SKX 838 T

ite

16.2.19 17:25

Factory Japan 2017.0.1 : Toyota : Corolla / Sprinter : E160 Series : NRE161

Front : Left

oified Range
TIME DESCO
°10' 5°40'
,03, 0,09,
03 0 09

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Range
-0°45'	-0°45'	-1°00' 0°30'
5°08'	5°08'	4°10' 6°40'
-0°02°	0°00'	-0.03, 0.03,
12°50'	12°50'	00000
12°05	12°05'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
0.08.	0°07'	-0,30, 0,30,
-0°09'	-0°09'	-0.30, 0.30,
3°51'	3°51'	-0 30 0 30
-0.03.	-0°03'	-0°06' 0°17'
		000017

Rear: Left

Actual	Before	Specified Range
-0°47'	-0°48'	-1°25' -0°25'
0°08'	0°09'	0°00' 0°17'

Camber

	Rear:	Right
Actual	Before	Specified Range
-1°08'	-1°08'	-1°25' -0°25'
0,08,	0°09'	0°00' 0°17'

Rear

Cross Camber Total Toe Thrust Angle Axle Offset

Actual	Before	Specified Range
0°21'	0°20'	opositied range
0°16'	0°18'	0°00' 0°34'
0,00,	0°00'	0 00 0 34
0mm	0mm	

COMPUTERISED 4 WHEEL ALIGNMENT HUNTER DSP700

mpany:

YAP LEE MOTOR

1:

SKX 838 T

•

13.2.19 15:12

Factory Japan 2017.0.1: Toyota: Corolla / Sprinter: E160 Series: NRE161

Front: Left

* Specified Range * -1°00' 0°30' 4°10' 5°40'
4-10-6-40-
-0.03, 0.03,
0 00 0 05

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Range
-0°19'	-0°19'	-1°00' 0°30'
4°57'	4°57'	4°10' 5°40'
0°22'	0°23'	-0°03' 0°09'
11°23'	11°23'	- 00 0 00
11°03'	11°03'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
40000	-1°06'	-0.30, 0.30,
-0°13'	-0°13°	-0,30, 0,30,
-6°14'	-6°14'	-0 30 0 30
0°47	0°47'	-0°06' 0°17'
	0 47	-0.06

Rear: Left

Actual	Before	Specified Range		
-0°48'	-0°48'	-1°25' -0°25'		
0°08'	0°07°	0°00' 0°17'		

Camber Toe

Actual	Before	Specified Range	
-1°08'	-1°07*	-1°25' -0°25'	
0.03,	0.09.	0°00' 0°17'	

Rear: Right

Rear

Cross Camber Total Toe Thrust Angle Axie Offset

Actual	Before	Specified Range
0°20'	0°20'	-promod ranige
0°17'	0°16'	0°00' 0°34'
-0°01'	-0°01'	0 00 0 04
0mm	0mm	

HIN TAT AUGUSTINE & PARTNERS LEN NO STEINBARD

Advocates & Solicitors Commissioners For Oaths

20 UPPER CIRCULAR ROAD #02-10/12 THE RIVERWALK SINGAPORE 058416

THL (65) 6533 0212 FAX (65) 6533 0313 (65) 6338 3536

Service By Fax Not Accepted

WEBSITE: www.htapartners.com.sg. EMAIL: ruby@htapartners.com.sg

In Association with Strobal Legal Group Pie Lid International Legal Consultants

Our Ref:

TCL.GCN.ro.50034.19.vlm

Your Ref:

M583907

15 March 2019

Lim Wei Li Block 116B Rivervale Drive #03-32 Singapore 542116

By Certificate of Posting (w/o encl) (for your information only)

MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay #24-01 Hong Leong Building Singapore 048581

Attn: Ms Irene Tan / Motor Claims Department

By Hand & By Fax (w/o encl)

Your, i). Udward SHLING

REG/CS/PAY/FA

Z Q MAR 2019

Dear Sirs

ACCIDENT INVOLVING SKX 838T & SMA 7462U AT JUNCTION OF UBI ROAD 3 & UBI ROAD 4 ON 29 JANUARY 2019 @ 1200HRS

We act for Lecca Car Leasing, the owners of motor vehicle no. SKX 838T, in relation to the abovecaptioned road traffic accident.

We are instructed that you were the owner and/or the insurer of motor vehicle no. SMA 7462U at the material time. We are further instructed that the accident was caused by you and/or your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1.	Cost of Repairs		S\$5,240,00
2.	Rental Charges (3 days x \$120.00/day)		S\$ 360.00
3.	Loss of Use (4 days x \$100.00/day)		S\$ 400.00
	Survey Costs		S\$ 466.00
	GIA/LTA Search Fees		S\$ 36.49
	Costs (inclusive of GST)		S\$ 642.00
7.	Incidentals		S\$ 50.00
		Total	S\$7,194.49



HIN TAT AUGUSTINE & PARTNERS

Page No. 2 Our Ref. TCL.GCN.ro.50034.19.ylm Your Ref. M583907 Date: 15 March 2019

The following supporting documents are enclosed herewith: -

- 1. Copy of Singapore Accident Statement by our client;
- 2. Copy of Singapore Accident Statement by SMA 7462U;
- 3. Copy of Certificate of Insurance by NTUC Income Insurance Co-operative Ltd;
- 4. Copy of Repair Bill from Yap Lee Motor;
- 5. Copies of Survey Invoice & Survey Report from Prominent Appraiser Services Pte Ltd;
- 6. Copies of Rental Invoice & Official Receipt from Flexi-drive Enterprise;
- Copy of LTA search results of SMA 7462U;
- 8. Copies of GIA Tax Invoices:
- 9. 56 Original Photographs of motor vehicle SKX 838T.

Please note that you / your authorized driver and/or your insured driver should send to us an acknowledgement of receipt of this letter within fourteen (14) days of receipt of this letter, failing which our client will have no alternative but to commence proceedings against you / your authorized driver and/or your insured driver without further notice to you / your authorized driver and/or your insured driver.

Please note that if you / your authorized driver and/or insured driver have a counterclaim against our client arising out of the accident, you / your authorized driver and/or your insured driver are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

Please note that our client's claim is in respect of its property damage claim and is strictly without prejudice to the uninsured losses and/or injury claim (if any).

Yours, faithfully,

GONG CHIN NAM

Enc.

cc: client

By fax

MAA110013736 / Hallonal Assessment Centre 5 ENTRY DATE & TIME: 25/01/2019 13:45 SUBMITTED BY: Krishnessmy sto Gorindasomy

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudiate policy Bability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for
- archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the todgement of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report being made available.

ACCIDENT STATEMENT

Dale Of Report 29/01/2019 13:45 Date Of Accident 29/01/2019 12:00

Exact Location Of Accident JUNC OF UBI ROAD 3 AND UBI ROAD 4

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX838T

Insured/Policyholder

Name Of Registered Owner LECCA CAR LEASING

Co Reg No 53247626C

Email Address DARRYL@OCTOPUSGROUP.COM.SG

Mobile Phone No. (LOCAL) +65-93487376 OFFICE-90613717 Allernative Phone No.

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA FIELDER 1.5G CVT ABS D/AIRBAG 2W

Exact Purpose for which vehicle was being used at

time of accident

WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5106699106

Cover Note Number

Driver

Name of Driver SAHA SHAUN Passport No/FIN G6574457R Date Of Birth 28/03/1984 Occupation OUTDOOR Date Of Driving Pass 29/08/2016

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93487376

Fax Number

Contact Number OTHERS-90613717

EMail Address DARRYL@OCTOPUSGROUP.COM.SG

- 16

Page 1 of 27

OCTOPUS GROUP HOLDINGS PTE LTD

(1) (1) (1) (1) (1) (1) (1) (1)

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vahicle

Insurance Company of Driver's Own Vehicle

ŝ

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

GLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or properly damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

- 2025年

一位。这种是

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Are accident priotos avaltable for attachment?

YES

Was there any video captured by Car Camera?

YES REVERT

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA7462U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM WELL

NRIC/Passport Number

S8502432B

Contact Number

92251586

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (III) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (II) for complying with requirements under any regulations, laws or court orders.

CAR CARA

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Fambolo

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

SKETCH PLAN		
TOTAL PORT A DOMESTIC OF THE PARTY OF THE PA		er v
JUNCT	TION OF UBIFOOD 3 and UBIP	OAB 4
Λ	LOTOT.	
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B-SMA	7462U	111
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Vervice A	SKX838T &was Driving in UBI Road 3	
and the v	VEHICLE K SMA 7/100 11 1.30 NAME	
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DECLARATION		
/We declare the foregoing partie	culars are true in every respect.	
5 %	e Randela	1
Policyholder's Signatura	- Short 5	1/2019
Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: Name:	

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	7626C
Vehicle No.:	SKX838T
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA FIELDER 1.5G CVT ABS D/AIRBAG 2W
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	2NR8503566
Chassis No.:	NRE1618001461
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,489,00
Original Registration Date:	15 Jan 2016
First Registration Date:	15 Jan 2016
Transfer Count:	0
Actual ARF Pald: Intended PARF Rebate Details	\$7,489.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2026
PARF Rebate Amount: Intended COE Rebate Details	\$5,616.00
COE Expiry Date:	14 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,301.00
COE Rebate Amount:	\$37,456.00
Total Rebate Amount:	\$43,072.00
The information contained herein is reprect as at 21 Eab 2019.	

The information contained herein is correct as at 21 Feb 2019

OK

Dep 8,368 fgs 747 mm

Also Steels

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

.

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties,
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Territoria de la	ACCIDENT STATEMENT
Date Of Report	30/01/2019 08:35
Date Of Accident	29/01/2019 12:05
Exact Location Of Accident	JUNCTION OF UBI ROAD 4 AND UBI ROAD 3
Country/State of Loss	SINGAPORE
distant stantage of the state of the stantage	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA7462U
Insured/Policyholder	
Name Of Registered Owner	LIM WEI LI
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE-1.6 EX (A)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80464495 QMX
Cover Note Number	
Driver	
Name of Driver	LIM WEI LI
NRIC No	S8602432B
Address	BLK 116B RIVERVALE DRIVE #03-32
General Information of the Accident	
Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1
Circumstances of Accident	
WHEN THE UNKNOWN VEHICLE STOP AT THE	ILINOTION FOR ME TO MAKE MY DIGHT THRM INTO HIS DO A LOUGH MA

WHEN THE UNKNOWN VEHICLE STOP AT THE JUNCTION FOR ME TO MAKE MY RIGHT TURN INTO UBI RD 3, I SLOWLY INCHED OUT MY VEHILCE TO ENSURE IF IS SAFE FOR ME TO FULLY MAKE THE RIGHT TURN, SOON AFTER I SAW VEHICLE B COMING FROM THE MOST OUTER LANE AT A MODERATE SPEED, I STOP MY VEHICLE WHILST VEHICLE B HONK ME. VEHICLE B UNABLE TO STOP HIS CAR ON TIME AND COLLIDED WITH MY VEHICLE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX838T

Vehicle Make/Model/Colour

Name of Driver

SAHA SHAUN

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

1	Surrectly the details of the accident to speed up the electron
2.	Form must be completed by the Policyholder and/or the Authorities and
3.	facts may allow insurance companies to regulate an allow facts may allow insurance companies to regulate an allow facts may allow insurance companies to regulate an allow facts may
4.	The issue and acceptance of this Form by insulrance compaging those an admission of policy liability on the part of the insurance companies.
5,	Any false reporting may be referred as as a second as
6,	The report will be forwarded by the inturated the GIA Records Management Control established by the General Insurance Interested parties.
7.	By the lodgment of this report to the insurers, you hereby concent to the stahling of this report at the centre and to copies of
8.	Consent under the Personal Data Protection Act (PDPA)
	understand, arknowledge, agree and consent that:
	(a) My insurer, my workshop and the C
÷	Personal information to all naurer (collectively the "Personal Information") and disclose and transferauch yehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers (s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
	investigations relating to the claims:
	(II) investigating the accident and/or my daine.
1 200	1 (iii) carping out and/or dealing with my instructions of
9	(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to ma). which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or.
	(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
(b	
le	my Personal Information (1977)
(d	my Personal Information will also be added.
(e)	
	(i) to all insurers and for any other third and the state of the state
	fegulators, law enforcement and government agencies as reasonably required for the purposes stated, or
1100	(ii) for complying with requirements under any regulations, taws or court orders.
1	$(a) \cap (a)$
(:	Paul Hall
Policyho	Alder's Standard
Date &	Driver's Signature Of driver's not the policyholder's Name: Date & Time: 20 (1) (2) Name: Name: Nam
Pinner	THE RESERVE OF THE PERSON OF T
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whilst	vehicle B	nonk me.	Vehicla	B mable	e to et	op his
car on	time and	collided	with	my vehicl	le.	1
				3		
					- 4	

Policyhdider's Signature

Reporting Centre Personnel's Signature



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES [THIRD PARTY RISKS AND COMPENSATION] RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106699106

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SKKEBET

Chassis Number

: NRE1618001461

2. Name of Policyholder

I LECCA CAR LEASING

3. Effective Date of insurance

: 15 Jan 2019

4. Expiry Date of Insurance

: 14 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Named Driver(s) Only,

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

5. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing,

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for the carriage of passengers for reward purposes.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these **EXCESS (SECTION 1)**

: \$\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS # PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : LIM CHONG PING NAMED DRIVER (1) : RAHIM BIN OTHMAN NAMED DRIVER (2) I N/A HIRE PURCHASE COMPANY : VINCAR PTELTO

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ALFA CREDIT PTE LTD (00000613905)

Date of Issue

SUM INSURED

: 28 Dec 2018 19:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



YAP LEE MOTOR

Reg. No. 52910085A

1 Kaki Bukit Ave 6 #01-26 Autobay@Kaki Bukit Singapore 417883 Tel: 6844 1555 Fax: 6844 1311 Email: yap_lee_motor@singnet.com.sg

Owner:

M/S Lecca Car Leasing

Address: C/o: 1 Kaki Bukit Ave 6

#01-26 Autobay Singapore 417883

Model:

Toyota Corolla Fielder 1.5G

Date:

12-Mar-19

Veh No:

SKX 838T

Final Repair Bill

Serial No	<u>Description</u>	£.	Amount
1	Lump sum repair costs	\$	5,240.00

Grand total:

\$ 5,240.00

FLEXI-DRIVE ENTERPRISE OFFICIAL RECEIPT No. 8 Kaki Bukit Avenue 4, #06-33, No. 74- 08756 Premier@kaki Bukit, Singapore 415875 Date: 18-761819 Received from Birsh The Sum of Dollars . AND Being payment of Self-Drive Car Rental SCB 40050 SI ITA ASSPA S\$ 360.00 FLEXI-DRIVE ENTERPRISE

Cash/Cheque No.

FLEXI-DRIVE ENTERPRISE

Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875 Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone: 9667	5455 (24 Hrs)	27 11 1550					RA:	08756
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s	per Week \$ per Month Cts	per	KM Out				Time / Date Out	
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Sa	ha Shaw	V	Drvn				Total / Time Charge	
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I/C No.							-	
Reference Contact		Tel, No. 93487376						
Driver's Name		Passport / IC No. / Country						
		Passport / IC No. / Country G 65 J 445 J R	V 5055				D 199 (10)	
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1/30/2019

Enquire Vehicle & Owner Information (Vehicle No. SMA7462U As At 29 Jan 2019 / 12:00:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

GCN.RD.50034.19.YLM

Current Owner Details

Owner ID Type: Owner ID:

Singapore NRIC S8602432B

Owner Name: Registered Address Type:

LIMWELLI HD8/HUDC

Registered Block/House Na.:

116B

Registered Street Name:

RIVERVALE DRIVE

Registered Unit No.:

#03-32

Registered Building Name:

542116

Registered Postal Code:

Current Vehicle Details

Vehicle No.:

SMA7462U

Make Description/Model:

KIA / CERATO FORTE 1.6(A) EX ABS D/AB 2WD 4DR

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-024013

Date of Request:

14/02/2019

Your Ref No:

TCL.GCN.RO.50034.19.YLM

HIN TAT AUGUSTINE & PARTNERS 20 UPPER CIRCULAR ROAD, #02-10/12 THE RIVERWALK SINGAPORE 058416

Dear Sir/Madam,

Your Vehicle No:

SKX838T

Date of Accident:

29/01/2019

Place of Accident:

UBI RD 3

Involving Vehicle No: SMA7462U

DESCRIPTION	
E-File Search Fee (Public)	AMOUNT (S\$)
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
(OUT MILIONE)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [] Cash [X] Cheque OCBC 726799



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-024014

Date of Request:

14/02/2019

Your Ref No:

TCL.GCN.RO.50034.19.YLM

HIN TAT AUGUSTINE & PARTNERS 20 UPPER CIRCULAR ROAD, #02-10/12 THE RIVERWALK SINGAPORE 058416

Dear Sir/Madam,

Date of Accident:

29/01/2019

Vehicle No:

SKX838T

Place of Accident:

JUNC OF UBI ROAD 3 AND UBI ROAD 4

Involving Vehicle No: SMA7462U

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)		AMOUNT (S\$)
SMA7462U	JUNC OF UBI ROAD 3 AND UBI ROAD 4	14.00	$\overline{}$	13.08
GST Amount	(Dept.)			0.92
Total Amount Due	(GST Inclusive)			14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [] Cash [X] Cheque OCBC 726800

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

Elizabeth Commence in the	ACCIDENT STATEMENT		
Date Of Report	29/01/2019 13:45		
Date Of Accident	29/01/2019 12:00		
Exact Location Of Accident	JUNC OF UBI ROAD 3 AND UBI ROAD 4		
Country/State of Loss	SINGAPORE		
THE SHARE THE SALE OF	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKX838T		
Insured/Policyholder			
Name Of Registered Owner	LECCA CAR LEASING		
Co Reg No	53247626C		
Email Address	DARRYL@OCTOPUSGROUP.COM.SG		
Mobile Phone No	(LOCAL) +65-93487376		
Alternative Phone No	OFFICE-90613717		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	COROLLA FIELDER 1.5G CVT ABS D/AIRBAG 2W		
Exact Purpose for which vehicle was being used at time of accident	WORK		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	5106699106		
Cover Note Number			
Driver			
Name of Driver	SAHA SHAUN		
Passport No/FIN	G6574457R		
Date Of Birth	28/03/1984		
Occupation	OUTDOOR		
Date Of Driving Pass	29/08/2016		
Driving Experience	2 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-93487376		
Fax Number			

OTHERS-90613717

DARRYL@OCTOPUSGROUP.COM.SG

- Address

OCTOPUS GROUP HOLDINGS PTE LTD

Postcode

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA7462U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM WEI LI

NRIC/Passport Number

S8602432B 92251586

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accolers to speed up the claims process.
- This form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be at truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 7 By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- # Consent under the Personal Data Protection Act (PDPA)

i understand, acknowledge, agree and consent that

- My mourer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me:
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the extential cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering processing handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents/including their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.
- (if) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so sollected under (d) above may be shared / disclosed
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators. law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for comprising with requirements under any regulations, laws or court orders

CAR CARRIED

2033

Policyholder's Signature Date & Time Chamber

Oriver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature

Name: NRIC/TIN No.:

Sketch Plan #2

SKETCH PLAN

DUNCTION OF UBITOOD 3 and UBI POAD 4

A-SKY838T

B-SMA 7462U

UBITO 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jek.	HOLE A MISKY 839T Moras Driving in URI Road 3
ST. W. S.	THE VERILLE B SMA 7462U with the Man From
EKX.	BBST FRONT Left while wheel and Frond Bumps
and	LEFT BIDG FORM including Rubant Rips -
	THE PROPERTY OF THE PARTY OF TH

DECLARATION

If We declare the foregoing particulars are true in every respect.

Policyholder's Signaria

SkarScra

Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Persannel's Signature Name NRIC/Fits No

Sketch Plan #3

issue of Vist Pass.



VISIT PASS AND EMBARKATION FORM

Disembarkaturi / Embarkation M0775E0621

Card No

FIN

G6574457R

Name of Foreigner

SAHA SHAUN

Travel Document No.

BC0815102

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the immigration Regulations. This Visit Pass is visit from 27/01/2019 until 26/02/2019 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

- This visit Pass is issued subject to the conditions that:
 - the Fureigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an emparkation form for the Foreigner

This document should be printed for the Foreigner to present together with his / her valid travel document to the immigration officer for immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warring: Overstaying is an immigration offence, if the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 27/01/2019

Controller of Immigration

Singapore

This notification is computer-generated and does not require a signature.









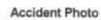


Accident Photo







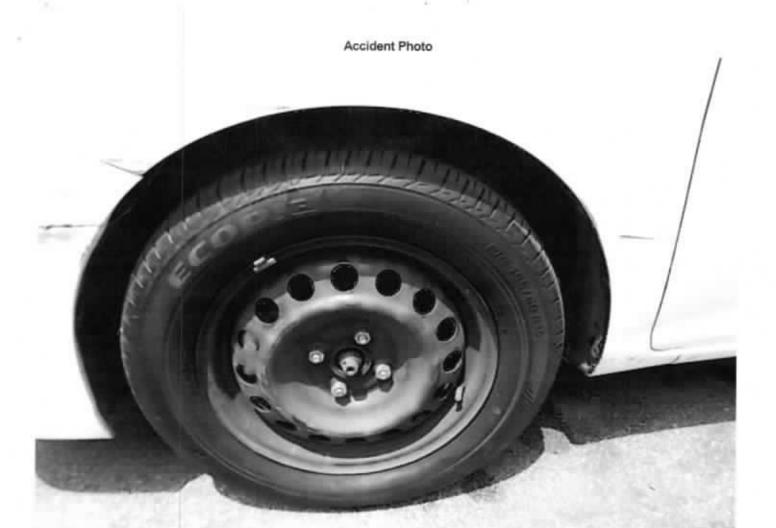




































SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 30/01/2019 08:35

Date Of Accident 29/01/2019 12:05

Exact Location Of Accident JUNCTION OF UBI ROAD 4 AND UBI ROAD 3

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA7462U

Insured/Policyholder

Name Of Registered Owner LIM WELLI

NRIC No S8602432B

Email Address NOEMAIL

Mobile Phone No. (LOCAL) +65-92251586

Alternative Phone No. Others-92251586

Vehicle Particulars

Manufacturer KIA

Model CERATO FORTE-1.6 EX (A)

Exact Purpose for which vehicle was being used at PRIVATE

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 80464495 QMX

Cover Note Number

Driver

Name of Driver LIM WELLI

NRIC No S8602432B

Date Of Birth 15/01/1986

Occupation INDOOR Date Of Driving Pass 26/01/2011

Driving Experience 8 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92251586 Fax Number

Contact Number

OTHERS-92251586

EMail Address

NOFMAIL

Address

BLK 116B RIVERVALE DRIVE

#03-32

Postcode

542116

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

WHEN THE UNKNOWN VEHICLE STOP AT THE JUNCTION FOR ME TO MAKE MY RIGHT TURN INTO UBI RD 3, I SLOWLY INCHED OUT MY VEHILCE TO ENSURE IF IS SAFE FOR ME TO FULLY MAKE THE RIGHT TURN, SOON AFTER I SAW VEHICLE B COMING FROM THE MOST OUTER LANE AT A MODERATE SPEED, I STOP MY VEHICLE WHILST VEHICLE B HONK ME. VEHICLE B UNABLE TO STOP HIS CAR ON TIME AND COLLIDED WITH MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO.

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX838T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SAHA SHAUN

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Drivers: CR 180
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate palicy liability.
- 4. The issue and acceptance of this Form by insurance compagnition of admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Relian for investigation.
- The report will be forwarded by the insurement the GIA Records Made and Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the apphixing of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GiA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (III) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about dolivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, bandling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GiA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholders Senature Date & Time 24 10

Driver's Signature

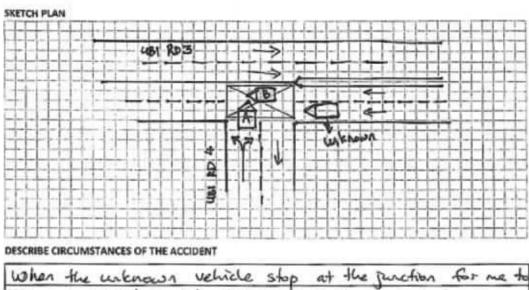
(If driver if not the policyholder)

Date & Time: 20 111

Reporting Centre Fernonnel's Signature

Name:

NRIC/FIN No.:



when the	e unknows	vehicle stop	at the	purction	for me +
mate my	right turn in	to Usi Kd 3	, I slow	ly inched	out my
vehicle 7	o ensure it is	safe for me	to fully	make th	e right
	on after I sa				
outer la	ne at a mod	arate speed	I stop	mu veh	icle
whilst	vehicle B ho	nk me. Vehicl	e B mal	ble to st	End go
car on	time and a	ollided with	my velo	icle.	
			-		

DECLARATION

UWerdeclare the foregoing particulars are after injevery respect.

Policylidital's Signature

Driver's Signature

Reporting Centre Personnel's Signature



Accident Photo



Accident Photo







BY식승인변활일 MODEL APPD DATE



Page 1 of 1

...CLAIM SUBFOLDER...(Pending for Survey Report)

LAIM SUBF	OLDER TRA	CKING						-	
	Natified	Est Submitted	Adj Assigned 31 Jan 2019	Adj Rpt \$\$3,200.00	Adj Sub \$\$3,20		Ins Auth'ed	Status	ng for Survey
Main	31 Jan 2019		15:54 Edit Adj Rpt	Edit Estimates	View F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Report Cancel Case	
	4ain	R	eference	Claim De	tails		Documents		Show All
CLAIM SU	FOLDER DE	TAILS			[0	reated	by insurer]		
Insured:	LIM WEI	LIM WEI LI, ID: S8602432B, Tel: +6592251586							
Main Claiment:	LECCA CA	R LEASING, C	o. Reg. No.: 532476	26C					
Vehicle Reg No.:	SKX838	SKX838T					9 12:00 - :59 s and 14 Days Fron	n LTA Reg	Date (Man Yr))
Claim Type:	TP / 583907			Policy/ Note N			(Comprehensive) 23/11/2018 - 22/1	1/2019	
Vehicle Reg No. (Insured):	SMA7462	eu :		Policy / (Claims					
				Excess	St	500.00			
Repairer:	Yap Lee I	Motor (HQ) 1 Kai	i Bukit Avenue 6, #	01-26 Autobay @ K	aki Bukit,	417883	Kaki Bukit - Tel:		
Handling Insurer:			ore) Pte. Ltd. (HQ)					_	
Adjuster:		Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handle	ed by Lim	Teow G	uan] [Imm.Ac	dvice du	ie 01/02/2019]
Driver/Custo dian (Insured):		I (33 / Male) 。 N	IRIC: S86024328,	Tel: +6592251586	Email:				
Adj Asg. Remarks:		AGREED / LIABILIT 5 to arrange for su	IY 80% Please appo rvey .	int LKK AUTO to co	nduct the s	urvey - 1	Kindly contact MRS	CHUA or	MS SHIRLEY @
ASSOCIAT	ED MAIL RE	CEIVED					View	All J	Compose Case Mail
There are n	mail for this	case.						,,,,,	
ALL ASSO	CIATED TAS	sks≘			View	All S	Search Tasks Cr	eate New	Task Complete
Due Date	Priority	Type Task	Group Subject	t Handler	Assigned	Ву	Completed On	Crea	ted On Done?

Claim Documents

*SKX838T (583907) [SMA7462U] TP LECCA CAR LEASING Jan 29 2019 12:00PM [LIM WEI LI] Yap Lee Motor

Ass	essment Reports		1 per page 💟		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thu	mbnail	Print
1	31/01/19 13:19	Accident Statement From:SC - Reg. No: SMA7462U, Claimant: LIM WEI LI	● Los	и нтм	
Pho	otos/Images		3 per page	V	W
Nα	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		mbnail	Print
1	23/02/19 13:23	General View	€ Los	id JPG	☑
2	23/02/19 13:23	General View	€ Los	d JPG	₩.
3	23/02/19 13:23	General View	0 Los	id JPG	V
4	23/02/19 13:23	General View	O Los	nd JPG	V
5	23/02/19 13:23	General View	€ Los	id JPG	3
б	23/02/19 13:24	General View	O Loa	d JPG	√
7	23/02/19 13:24	General View	O Los	id JPG	N.
В	23/02/19 13:24	General View	O Los	id JPG	V
9	23/02/19 13:24	General View	O Los	d JPG	V
10	23/02/19 13:24	General View	O Los	id 3PG	V
11	23/02/19 13:24	General View	O Los	nd JPG	Z
12	23/02/19 13:24	General View	O Los	d JPG	V
13	23/02/19 13:24	General View	O Los	d JPG	V
14	23/02/19 13:24	General View	O Los	d JPG	V
15	23/02/19 13:24	General View	O Los	nd JPG	2
16	23/02/19 13:24	General View	O Los	od JPG	W
17	23/02/19 13:24	General View	O Los	d JPG	V
18	23/02/19 13:24	General View	O Los	id JPG	V
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20	23/02/19 13:24	General View	O Los	d JPG	V
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26	23/02/19 13:24	General View	O Los	ed JPG	52
27	23/02/19 13:24	General View	D Los	id JPG	V
28	23/02/19 13:24	General View	O Los	ed JPG	1
29	23/02/19 13:24	Photographs of Damaged Parts		nd JPG	V
30	23/02/19 13:24	Photographs of Damaged Parts		nd JPG	50
31	23/02/19 13:24	Photographs of Damaged Parts		ad JPG	3
32	23/02/19 13:24	Photographs of Damaged Parts		ad JPG	V
33	23/02/19 13:24	Photographs of Damaged Parts		nd JPG	V

Merimen e-Claims Page 2 of 2

Ass	sessment Reports		1 per i	page V	2
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
34	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	V
35	23/02/19 13:24	Photographs of Damaged Parts	O	Load JPG	V
36	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	3
37	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	V
38	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	V
39	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	V
40	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	V
41	23/02/19 13:24	Photographs of Damaged Parts	0	Load JPG	2
42	23/02/19 13:24	Photo After Spray	0	Load JPG	Z
43	23/02/19 13:24	Photo After Spray	0	Load JPG	V
44	23/02/19 13:24	Photo After Spray	0	Load JPG	V
45	23/02/19 13:24	Photo After Spray	0	Load JPG	2
46	23/02/19 13:24	Photo After Spray	0	Load JPG	V
47	23/02/19 13:24	Photo After Spray	0	Load JPG	1
48	23/02/19 13:24	Photo After Spray	0	Load JPG	[2]
49	23/02/19 13:24	Photo After Spray	0	Load JPG	Ø
Doc	cumentation		1 per	page V	N
No.	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	31/01/19 13:19	TPD SKX838T GIA REPORT From:SC - Reg. No: SMA7462U, Claimant: LIM WEI LI	0	Load PDF	
2	21/03/19 15:08	LOD with supporting documents - SKX838T	0	Load PDF	
3	21/03/19 15:10	TPD SKX838T - SURVEY REPORT & COLOUR PHOTO	0	Load PDF	
4	21/03/19 16:11	instruction to LKK to prepare paper survey report	0	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	26/03/19 14:09	Colour Photo	0	Load PDF	
2	26/03/19 14:09	PRS Invoice	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25. Pava Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG19002091/BVD3E2-1

Date: 26/03/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 80464495

Claimant Vehicle SKX838T

Insured Vehicle No:

SMA7462U

No: Date of Loss:

29/01/2019

Nature of Claim:

TP

Claim No: 583907

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKX838T

Make & Model:

TOYOTA COROLLA FIELDER, 1.5 (A)

Engine No:

2NR8503566 NRE1618001461

Reg. Date: Colour

15/01/2016 (Man. Year: 2015)

Chassis No: Odometer:

82574 km

Engine Capacity:

1496 cc

Market Value/New Car Price: N/A Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

195/60 R15

Rear Tyre Size:

195/60 R15

Front Right Side:

Bridgestone 6 mm Bridgestone 6 mm Rear Left Side: Rear Right Side: Bridgestone 6 mm Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,102.67	2,934.82	2,167.85	42.48
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,530.00	1,040.00	1,490.00	58.89
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,632.67	3,974.82	3,657.85	47.92
Approved Total (Overridden) (S\$)		3,200.00		
Nett Amount (S\$)	7,632.67	3,200.00	4,432.67	58.07

INSPECTION

Date of Assignment:

31/01/2019

Date Inspected:

13/02/2019 Inspected At:

Yap Lee Motor (HQ)

1 Kaki Bukit Avenue 6, #01-26 Autobay @

Kaki Bukit

Singapore 417883

Estimated Period of Repair:

5.0 days

Adjuster: Lim Teow Guan

Manager:

VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 26 Mar 2019)

Parts: N/A TOYOTA COROLLA FIELDER 1.5 (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKX838T)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*HEADLAMP LH	Broken	1,342.00 FL	*1,342.00 FL
2	1		*FRT FENDER LH	Dented	670.30 FL	*670.30 FL
3	1		*FRT FENDER COWLING LH	Torn	159.80 FL	*159.80 FL
4	6		*FRT FENDER COWLING CLIP LH	Necessary	16.80 FL	*16.80 FL
5	1		*FRT APRON PANEL LH	Repair	397.40 FL	*-FL
6	1		*FRT BUMPER	Cut	575.40 FL	*575.40 FL
7	6		*FRT BUMPER CLIP	Necessary	22.80 FL	*22.80 FL
8	2		*FRT BUMPER RETAINER R/L	Not Necessary	109.00 FL	*-FL
9	1		*FRT WHEEL COVER LH	Missing	226.40 FL	*226.40 FL
10	1		*FRT WHEEL HUB LH	Not Necessary	235.40 FL	*-FL
11	1		*FRT WHEEL BEARING LH	Necessary	331.70 FL	*331.70FL
12	1		*FRT KNUCKLE ARM LH	Bent	567.90 FL	*567.90 FL
13	1		*FRT LOWER ARM LH	Not Necessary	662.30 FL	*-FL
14	1		*FRT SHOCK ABSORBER LH	Not Necessary	472.20 FL	*-FL
15	1		*FRT STABILIZER BAR	Refit	319.70 FL	*-FL
16	1		*FRT APRON PANEL LH (NPA)	Repair	0.00 FL	*-FL
17	1		*FRT SUPPORT PANEL (NPA)	Repair	0.00 FL	*-FL
18	1		*FRT RIM LH	Repair	200.00FS	*-FS
19	1		*FRT TYRE LH	Not Necessary	250.00 FS	*-FS
20	1		*BOT BRAKE FLUID	Not Necessary	20.00FS	*-FS
21	1		*FRT STABILIZER LINK LH	Not Necessary	67.80 FL	*-FL
F=Fn	anchise	part. S=SpcN	lett. L=ListttemDisc	===		
				Sub Total (S\$)	6,646.90	3,913.10
			- List Item Discount on L	Items 25.00/25.00% (S\$)_	1,544.23	978.28
				Total Parts (S\$)	5,102.67	2,934.82

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

Particulars	Lab.Type	Repairer's	Amount
our Items			
TO CHECK ELECTRICAL SYSTEM AND FOCUS HEADLAMP	New	80.00	30.00
TO REMOVE, CHECK AND REPLACE LHF UNDERCARRIAGE PARTS. (INCLUDE FLUSH AND BLEED BRAKES SYSTEM)	New	200.00	120.00
TO CONDUCT WHEEL ALIGNMENT	New	120.00	60.00
TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS	New	1,000.00	400.00
TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA	New	1,000.00	400.00
TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS	New	50.00	30.00
TOWING	New	80.00	0.00
Gross Labou	r Cost (S\$)	2,530.00	1,040.00
	TO CHECK ELECTRICAL SYSTEM AND FOCUS HEADLAMP TO REMOVE, CHECK AND REPLACE LHF UNDERCARRIAGE PARTS. (INCLUDE FLUSH AND BLEED BRAKES SYSTEM) TO CONDUCT WHEEL ALIGNMENT TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS TOWING	TO CHECK ELECTRICAL SYSTEM AND FOCUS HEADLAMP TO REMOVE, CHECK AND REPLACE LHF UNDERCARRIAGE PARTS. (INCLUDE FLUSH AND BLEED BRAKES SYSTEM) TO CONDUCT WHEEL ALIGNMENT TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED New PANELS	TO CHECK ELECTRICAL SYSTEM AND FOCUS HEADLAMP TO REMOVE, CHECK AND REPLACE LHF UNDERCARRIAGE PARTS. (INCLUDE FLUSH AND BLEED BRAKES SYSTEM) TO CONDUCT WHEEL ALIGNMENT TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED TOWING New 80.00 New 50.00

< END OF ESTIMATES >